## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

282172000810

| CLAIMS AS FILED - PART I (Column 1)                                                                                                                                                              |                                                |                                           |              |              | (Column 2)                   |                  |          | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------|--------------|------------------------------|------------------|----------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                     |                                                |                                           | 24           |              |                              |                  | [        | RATE                | FEE                    |                            | RATE                | FEE                    |
| FOR                                                                                                                                                                                              |                                                |                                           | NUMBER FILED |              | NUMB                         | ER EXTRA         |          | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                          |                                                |                                           | 24 minus 20= |              | • 4                          |                  |          | X\$ 9=              |                        | OR                         | X\$18≈              | 72                     |
| INDEPENDENT CLAIMS                                                                                                                                                                               |                                                |                                           | 2 minus 3 =  |              | *                            |                  |          | X40=                |                        | OR                         | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                 |                                                |                                           |              |              |                              |                  |          | +135=               |                        |                            | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                         |                                                |                                           |              |              |                              |                  |          | TOTAL               |                        | OR<br>OR                   | TOTAL               | 782                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                      |                                                |                                           |              |              |                              |                  |          | IOIAL               |                        | On                         | OTHER               |                        |
| (Column 1) (Column 2) (Column 3                                                                                                                                                                  |                                                |                                           |              |              |                              |                  | <u>.</u> | SMALL E             | NTITY                  | OR                         | SMALL               |                        |
| AMENDMENT A                                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                  | Total -                                        | *                                         | Minus        | **           |                              | =                |          | X\$ 9≐              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                  | Independent                                    | *                                         | Minus        | ***          |                              | =                |          | X40=                |                        | OR                         | X80=                |                        |
|                                                                                                                                                                                                  | FIRST PRESE                                    | NTATION OF M                              | JLTIPLE DEI  | PENDEN       | T CLAIM                      |                  | )        | +135=               |                        | OR                         | +270=               |                        |
| ٠                                                                                                                                                                                                |                                                |                                           |              |              |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                  |                                                | (Column 1)                                |              |              | mn 2)                        | (Column 3)       |          |                     |                        | •                          |                     |                        |
| AMENDMENT B                                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                  | Total                                          |                                           | Minus        | **           |                              | =                | ]        | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                  | Independent                                    | *                                         | Minus        | ***          | T CL AINA                    | -                | 1 [      | X40=                |                        | OR                         | X80=                |                        |
| L                                                                                                                                                                                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |              |              |                              |                  | ┙┃       | +135=               |                        | OR                         | +270=               |                        |
| ٠,                                                                                                                                                                                               |                                                |                                           |              |              |                              |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                  |                                                | (Column 1) (Column 2) (Column 3)          |              |              |                              |                  |          |                     |                        |                            |                     |                        |
| AMENDMENT C                                                                                                                                                                                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                  | Total                                          | *                                         | Minus        | **           |                              | =                |          | X\$ 9=              | :                      | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                  | Independent                                    | <u> </u>                                  | Minus        | ***          |                              | =                | 4        | X40=                |                        | OR                         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                   |                                                |                                           |              |              |                              |                  |          | +135=               |                        | OR                         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** ADDIT. FEE |                                                |                                           |              |              |                              |                  |          |                     | OR                     | TOTAL<br>ADDIT. FEE        |                     |                        |

The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1.